



IFW  
\$

UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/659,398 Confirmation No. 3772  
Applicant : K. SUZUKI, et al  
Filed : September 11, 2003  
Title : DISK ARRAY APPARATUS AND METHOD FOR  
CONTROLLING THE SAME  
TC/AU : 2187  
Examiner : N.G. Moazzami  
Docket No. : 500.43116X00  
Customer No.: 24956

Commissioner for Patents  
Mail Stop DD  
P.O. Box 1450  
Alexandria, VA 22313-1450

**INFORMATION DISCLOSURE STATEMENT (IDS)**  
**UNDER § 1.97 AND § 1.98**

Sir:

1. This IDS should be considered:

(a) when filed within three months of the filing date of the present application, or within three months of the filing date of the National Stage as set forth in § 1.491 in an international application, or before the mailing date of a first Office Action on the merits, whichever occurs last;

(b) when filed before the mailing date of either a Final Rejection under § 1.113 or a Notice of Allowance under § 1.311, whichever occurs first and when 1(a) does not apply. For this purpose, there is included herein either a certification in section 4 below (included when indicated by a marked box), or a fee of \$180.00 (a Credit Card Payment Form in the amount of \$180.00 is enclosed, or if not see section 5 below);

(c) when filed prior to the payment of the Issue Fee, when 1(a)-(b) do not apply, and when a certification is included in section 4 below (included when indicated by a marked box); then the Applicant(s) hereby petition(s) and request(s) consideration of this IDS, and provided herewith is a fee of \$180.00 (a Credit Card

03/22/2006 SZEWDIE1 00000076 10659398

01 FC:1006

100.00 0P

Appl. No. 10/659,398  
Information Disclosure Statement  
dated March 21, 2006

500.43116X00

Payment Form in the amount of \$180.00 to cover the petition fee, or if not see section 5 below).

2. When 1(a)-(c) do not apply, then it is requested that this IDS be placed in the file.

3. Listing of the information submitted is on the attached Form PTO-1449, which forms a part of this IDS. A copy of each listed document is enclosed when needed.

4. The undersigned hereby states:

☒ (a) that each item of information contained in this IDS was first cited in any communication from a foreign patent office in a counterpart foreign application, as indicated on the copy of the communication submitted herewith, which communication was dated **February 14, 2006**, not more than three months prior to the filing of this IDS; or

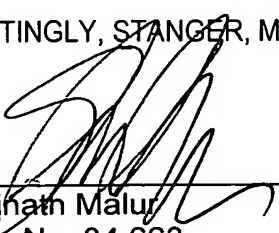
☐ (b) that no item of information contained in this IDS was cited in a communication from a foreign patent office in a counterpart foreign application or, to the knowledge of the undersigned after making reasonable inquiry, was known to any individual designated in § 1.56(c) more than three months prior to the filing of this IDS.

5. If a fee or additional fee is required, the Commissioner is hereby authorized to charge any fee or additional fee that may be required and credit any excess to Deposit Account No. 50-1417.

6. If the PTO determines that part(s) of the required content is inadvertently omitted, then it is requested that the Applicant(s) be given additional time and specific identification of such omission(s) to enable full compliance.

Respectfully submitted,

MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

By   
Shrinath Malur  
Reg. No. 34,663  
(703) 684-1120

FORM PTO-1449  
(REV. 7-80)U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICEATTY. DOCKET NO.  
500.43116X00SERIAL NO.  
10/659,398**LIST OF DOCUMENTS CITED BY APPLICANT**  
(Use several sheets if necessary)APPLICANT  
K. SUZUKI et alFILING DATE  
September 11, 2003GROUP  
2187**U.S. PATENT DOCUMENTS**

* EXAMINER INITIAL		DOCUMENT	DATE	NAME	CLASS	SUBCLASS	FILING DATE (If Appropriate)
	AA						
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						

**FOREIGN PATENT DOCUMENTS**

		DOCUMENT	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
	AL	99/50754	10/07/99	WO			<input type="checkbox"/>	<input type="checkbox"/>
	AM						<input type="checkbox"/>	<input type="checkbox"/>
	AN						<input type="checkbox"/>	<input type="checkbox"/>
	AO						<input type="checkbox"/>	<input type="checkbox"/>
	AP						<input type="checkbox"/>	<input type="checkbox"/>

**OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Pages, etc.)**

	AR		
	AS		
	AT		

EXAMINER

DATE CONSIDERED

\* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.